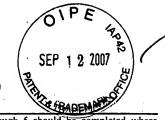
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a constant TEEP ADDRESS.

dicated unless correcte	d below or directed oth	nerwise in Block 1, by (a) specifying a new co	rrespondence address	; and/or (b) indicating a separ	rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
55694	7590 06/18	/2007 ·					
1500 K STREET SUITE 1100		(DC)		Certificate of Mailing or Transmission hereby certify that this Fee(s) Transmittal is being deposited with the United tates Postal Service with sufficient postage for first class mail in an envelope ddressed to the Mail Stop ISSUE FEE address above, or being facsimile ansmitted to the USPTO (571) 273-2885, on the date indicated below.			
WASHINGTON	, DC 20005-1209						(Depositor's name)
•	•	•			···		(Signature)
			·				(Date)
APPLICATION NO.	CATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/510,212 06/27/2005		Masayoshi Ishikaw	va 046124-5328		46124-5328	8665	
ITLE OF INVENTION	: X-RAY TUBE CONT	ROL APPARATUS AND	X-RAY TUBE CON	TROL METHOD	·		•
							•
2 :						***	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional .	NO	\$1400	\$300	\$0		\$1700	09/18/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				
MIDKIFF, A	NASTASIA	378-111000	-				
Change of corresponder 1.363).	ence address or indicatio	2. For printing on the patent front page, list DRINKER BIDDLE &					
	ondence address (or Cha 3/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a REATH LLP					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
		A TO BE PRINTED ON			•		
PLEASE NOTE: Universely recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing	ne patent. If an assign g an assignment.	nee is ide	ntified below, the do	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
HAMAMATSU PHOTONICS K.K. SHIZUOKA, JAPAN							
lease check the appropr	riate assignee category or	r categories (will not be pr	rinted on the patent):	Individual 🖎 C	orporatio	n or other private gro	oup entity Government
a. The following fee(s) Issue Fee			o. Payment of Fee(s): (XXI A check is enclos		ny previo	ously paid issue fee	shown above)
Publication Fee (No small entity discount permitted) Advance Order - # of Copies3 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any							
Advance Order -	# of Copies3	·	overpayment, to.I	reby authorized to cha Deposit Account Numb	irge the re per <u>5.0-0</u>	equired lee(s), any de 1573 (enclose a	n extra copy of this form). Any
	tus (from status indicate		_	•	•		Deficiencie
• • • • • • • • • • • • • • • • • • • •	s SMALL ENTITY stat			longer claiming SMA			
iterest as shown by the	records of the United St	ates Patent and Trademark	Office.	ian the applicant, a reg	isicicu ai	torney of agent, of the	ne assignee or other party in
Authorized Signature	lat.	14£		09/13/2		WDIE2 00000045 1 WL 12, 2007	
: Typed or printed name	Peter J.	Sistare		Regigiation	JUL	48,183	300.00 OP 9.00 OP
his collection of inform n application. Confiden ubmitting the complete his form and/or suggest 30:: 1450, Alexandria, Valexandria, Virginia 22:	nation is required by 37 of tiality is governed by 35 d application form to the ions for reducing this but irginia 22313-1450.	CFR 1.311. The information U.S.C. 122 and 37 CFR e USPTO. Time will vary urden, should be sent to the ONOT SEND FEES OR	on is required to obtain 1.14. This collection is depending upon the second comments of the comments of the comments of the completed forms.			c which is to file (and to complete, includin on the amount of tir ark Office, U.S. Depo TO: Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.